

OCT 10 2001

CERTIFICATE OF MAILING

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Name (Print/Type) Wilhelm Palmieri Jr. Signature Date 10-05-2001

TRANSMITTAL

☒ Small Entity ☐ Large Entity

Application Number 09/682,667
Confirmation Number Unassigned
Filing Date October 4, 2001
First Named Inventor Hsueh et al.
Examiner Unassigned
Group Art Unassigned
Attorney Docket No. STAN072CON

ENCLOSED:

	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule	Total	23	19	3	9	\$ 27.00
<input checked="" type="checkbox"/> 37 CFR § 1.115	Independent	2	9	0		\$ -
<input checked="" type="checkbox"/> Pages 4	Multiple				140	\$ 140.00
	Total Extra Claim Fees					\$ 167.00

☐ Applicants Petition for an Extension of time from _____ to _____ A _ month extension was previously filed and paid for thereby reducing the basic fee Fee _____

☐ Response to File Missing Parts (with copy of formalities letter)

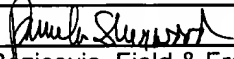
☐ Filing Fee Fee _____
☐ Executed Declaration Pages _____ Surcharge Fee _____
☐ Other _____ Fee _____
_____ Fee _____
_____ Fee _____
_____ Fee _____
Subtotal \$ -

☐ Information Disclosure Statement

☐ PTO Form 1449 Pages _____
☐ Copies of Cited References _____
☐ Other _____ Fee _____
Subtotal \$ -

☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification
☐ Paper Copy of Sequence Listing Pages _____
☐ Diskette in computer-readable format
☐ Other _____ Fee _____

<input type="checkbox"/> Terminal Disclaimer		Fee	
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages		Fee
<input type="checkbox"/> Appeal Brief in Triplicate	Pages		Fee
<input type="checkbox"/> Reply Brief	Pages		Fee \$ -
			Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees		Fee	
<input type="checkbox"/> Change of Correspondence Address			
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$ 167.00	
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	PAMELA J. SHERWOOD		Registration No. 36,677
Signature			Date 10-05-2001
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200
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Application No. 09/682,667 Attorney Docket No. STAN072CON Page 2 of 2